

Michigan CCHD Screening-Reporting Form for Homebirths

CCHD Screening using pulse oximetry is required for all infants born in Michigan. Data should be submitted to MDCH even when screening is not completed This form can be mailed to: MDCH- CCHD, 201 Townsend St. PO Box 30195, Lansing MI 48909 or by FAX: 517-335-9419

Demographics requested:	A 41 L 15 /D1 11				
Newborn Screening Kit Number	Midwife/Birth Attendant	1			
Baby's First Name	Baby's Last Name		Birth Order	✓ A, B, C, D	
Baby's Date of Birth	Baby's Medical Record N	by's Medical Record Number			
Mother's First Name	Mother's Last Name				
Pulse Ox Reading 1	Pulse C	Pulse Ox Reading 2		Pulse Ox Reading 3	
Date Time	Date	Time	Date	Time	
	rfusion ndex	Perfusion Index		Perfusion Index	
Foot Sat%	Foot Sat9	%	Foot Sat%		
Right Hand Sat%	Right Hand Sat%		Right Hand Sat%		
Difference	Pass Difference		Difference		
Outcome	Rescreen Outcome*	~	Outcome*	~	
Reason Not	Reason Not	~	Reason Not		
Completed	Completed		Completed		
Other Reason	Other Reason		Other Reason		
Not Completed	Not Completed		Not Completed		
	spiratory Distress, Transfer, Parer Diagnosed prenatally	nt Refusal, Death, Prior postna	atal diagnosis of CCHD, Re	eferred for further	
*If screening outcome was "Fail" wha	<u> </u>	infant cont for follow up?			

To request more forms contact: Michigan Newborn Screening Program-CCHD

Phone: 1-866-673-9939 Email: newbornscreening@michigan.gov Website: www.michigan.gov/cchd